The effects of spiritual counseling on the hope in hemodialysis patients: A clinical trial study

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Abstract: Hope is one of the most significant sources of compatibility in individuals suffering from chronic diseases such as chronic renal failure to survive. Moreover, despair is considered as an important criterion in quitting the treatment and diet, tendency to die, and thoughts of suicide. In this regard, the present study was aimed at determining the effects of spiritual counseling on the hope in hemodialysis patients.

Method: This investigation is a clinical trial study that was conducted on 90 hemodialysis patients who were randomly divided into an experimental group (45 patients) and a control one (45 patients). The experimental patients received spiritual counseling for one month while the control group was provided with typical care. Require data were collected through a demographic information questionnaire and the Herth’s Hope questionnaire and then analyzed using SPSS 11.5 software.

Results: Patients’ mean hope was 33.36±5.9 after spiritual counseling which is significantly higher than the mean hope (28.48±3.2) before the treatment (p<0.0001). In the control group; however, no significant difference between the hope and after the study was observed. Moreover, mean hope was significantly higher after spiritual counseling to that of the control group (p<0.0001).

Conclusion: Utilizing spiritual counseling as an effective, economical, and unaggressive treatment has resulted in improving methods of enhancing hope in hemodialysis patients.

Keywords: hope; spiritual counseling; hemodialysis

Introduction

Chronic renal failure is a destructive and progressive disease which leads to disorder in the water level, electrolytes, metabolism of the body. The main treatment to chronic renal failure is kidney transplant. However, due to transplant problems, patients undergo hemodialysis treatment until required conditions for transplant are met [1 & 2]. Although hemodialysis has therapeutic effects in patients suffering from chronic renal failure, these patients will encounter uncontrollable physical, psychiatric, social, and emotional problems [3 & 4]. Most important psychiatric problems in hemodialysis patients are anxiety, depression, inquietude, irresponsibility, and failure to follow the diet and in extreme phases of despair the patient denies and quits the therapy [5 & 6]. Quitting the therapy and diet depends on the individual’s personal and social characteristics and cognitive and emotional variables [7]. One of the essential related variables is hope. Hope is one of the most important sources of compatibility in patients to survive because it affects the individual’s attitude, health state, and future capabilities [8]. Hope is composed of some factors like concentration ability, attention, planning, and purposefulness in life [9]. Studies show that hope has a positive effect on physical treatment in patients with gastrointestinal problems and angina, causes them to be optimistic and hopeful, and improves their relationships, which finally leads to their treatment [10, 11 & 12]. Moreover, studies indicate that hope enhances the patient’s self-efficacy, self-esteem, spirituality, social support, and life quality [13]. On the other hand, irregularity, boredom, and despair are among the most important factors in unwillingness to continue the treatment. In fact, despair is equal to death [14]. Despair causes the patient to quit the treatment, which is a challenge in society and medicine profession; and half of the intervention applied to help the patients keep their treatment and diet is in vain. However, it should be mentioned that level of treatment continuation in chronic diseases like chronic renal failure is really lower compared to other extreme disease and it needs more attention [15]. Therefore, paying attention to the concept of hope is an essential component of treatment plans. One of the most important psychiatric interventions in hemodialysis patients is to provide them with social-emotional support; and spiritual counseling is an example of this type [17 & 18]. In counseling with a spiritual approach the therapist deals with the individual’s cognitive, emotional, and behavioral dimensions. Regarding the cognitive dimension, the therapist familiarizes the individual with meaning, purpose, concept of life, beliefs, and values. Regarding the emotional aspect, the he copes with

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variables like hope, interest, and support in treatment procedure. And in the behavioral dimension, the individual’s spiritual and religious beliefs are attended to [19]. Recently, utilizing the method of spiritual counseling and religious-spiritual psychiatry has been regarded to change the individual’s attitude in order to resolve the problems. However, research on spiritual counseling in patients and its effect on hope is highly limited. In their study of the effect of behavioral-cognitive medicine with a religious-spiritual approach, Pauker et al (2009) reported that this approach could enhance the individuals’ compatibility skills [20]. Moreover, Koszycki et al (2010) stated that spiritual-based interventions would reduce depression and anxiety [21]. In these studies which are limited in number the effects of some components of spirituality on psychiatric problems are considered; however, spirituality is composed of a group of elements and techniques. Spirituality and spiritual counseling have components like prayers, invocation, listening to the verses of the Holy Quran, and muscle relaxation, which motivate internal faith. And Miller believes that there is a positive relation between internal faith, spiritual health, hope, and positive mood states [22]. In addition, nurses as health providers play a significant role in the patients’ internal peace, hopefulness, and support [23 & 24]. Since nurses are more accessible to the patients, they can spend more time on counseling which can lead to a complete counseling. In fact, counseling and training are among important elements in nursery [25 & 26]. In this regard and based on the consequences of chronic renal failure disease such as despair, failure to keep the treatment, diet, and dialysis, tendency to die, thoughts of suicide, and remarkable costs for the families and the country’s medical-health system, the present study was aimed at determining the effects of spiritual counseling on dialysis patients’ hope.

**Method**

This investigation is a clinical trial study. The study sample was consisted of 90 patients suffering from chronic renal failure who were under hemodialysis at Isfahan’s Amin Hospital (2013). Subjects were selected based on some criteria including age of 18-65, a minimum of 3 months’ hemodialysis experience, consent to enter the study, being Muslim and Shia, ability to talk, read and write, not having known neurological, sight, and hearing diseases. Factors to cross out of the study included: having neurological problems such as Alzheimer, stroke, cerebrovascular attack, and sight hearing diseases. Patients were randomly divided into an experimental group and a control one; each included 45 patients. During the study, a patient from the control group died and was crossed out. In this study, all of the moral factors that were based on moral codes and confirmed and emphasized by the university’s moral committee were considered.

The study instruments included a demographic questionnaire composed of 2 sections and the Herth’s Hope questionnaire that was filled in through interviewing during dialysis. The Herth’s Hope questionnaire has 12 questions that are organized based on four degrees of Likert (from “I completely disagree” to “I completely agree”). Questions of 3 and 6 are scored reversely. Total scores of the hope index vary from 12 to 48; where higher score shows better hope state. Using Cronbach’s alpha, Baljani et al (2011) reported the reliability of this questionnaire as 0.82. Moreover, Pourghaznein (2000) used retesting method for cancer patients at Mashhad Hospital and reported its reliability as 0.84 [27]. The intervention was conducted this way that after gaining informed consent and explaining the purposes of the study, the participants in the both groups were made sure that their information would remain confidential. Intervention was carried out in hemodialysis ward beside the patients’ beds and without intruding into their privacy. It was accomplished over eight 45-minute sessions in the morning or afternoon shifts dependent on the patient’s conditions. Based on Islamic lessons, spiritual counseling was carried out twice a week by the researcher. Spiritual counseling included prayers, classical texts and writings, meditation, spiritual illustration, forgiveness, worship and rituals, spiritual self-healing, support and service, diary, concentration, and bibliotherapy [28-30]. It should be noted that in spiritual counseling, the patient’s cultural and religious beliefs should be taken into consideration; therefore, the spiritual counseling in this study was carried out based on Islamic lessons and spiritual-religious interventions applied in studies conducted by Miller (2003), Bahrami (2007) and Moarefzadeh (2010). One month after the intervention was carried out; the data collection instruments were utilized for both groups one more. Descriptive statistics (frequency distribution, mean, and SD) and analytic statistics (Chi-square test, Fischer, T-test, paired T-test) were used to analyze the collected data through SPSS 11.5 software. Significance level was considered as 0.05.

**Results**

Mean age in the experimental group and the control one was respectively 53.06±10.5 and 52.11±11.34. Moreover, 60% of the patients in the experimental group were male and the rest 46% were female. The results of the statistics tests proved a significant difference between demographic
variables and both groups were the same regarding these variables (p<0.05) (See Table 1). The statistics T-test indicated a significant difference between the level of hope before and after spiritual counseling in hemodialysis patients (p<0.0001) so that hope level after the intervention was (33.35±5.9) which is higher than its level before the study (28.48±3.2). However, there was no significant difference in the control group before and after the study (See Table 2). There was also a significant difference between the both groups’ hope level one month after the study (p<0.0001) (See Table 3).

Table 1. Hemodialysis Patients’ Demographic Information in the both Groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>Experimental Group</th>
<th>Control Group</th>
<th>Test Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>53.06±10.5</td>
<td>52.11±11.34</td>
<td>p = 2</td>
</tr>
<tr>
<td>Hemodialysis Experience</td>
<td>28.6±15</td>
<td>25.3±14</td>
<td>p = 0.52</td>
</tr>
<tr>
<td>Number of Children</td>
<td>4.2±2</td>
<td>3.6±2</td>
<td>p = 0.085</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td>p = 0.35</td>
</tr>
<tr>
<td>Male</td>
<td>27 (60%)</td>
<td>24 (52%)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>18 (40%)</td>
<td>21 (48%)</td>
<td></td>
</tr>
<tr>
<td>Marriage</td>
<td></td>
<td></td>
<td>p = 1</td>
</tr>
<tr>
<td>Married</td>
<td>40 (85%)</td>
<td>36 (80%)</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>5 (15%)</td>
<td>9 (20%)</td>
<td></td>
</tr>
<tr>
<td>Residency</td>
<td></td>
<td></td>
<td>p = 1</td>
</tr>
<tr>
<td>Personal</td>
<td>32 (70%)</td>
<td>31 (68%)</td>
<td></td>
</tr>
<tr>
<td>Rental</td>
<td>13 (30%)</td>
<td>14 (32%)</td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
<td>p = 0.13</td>
</tr>
<tr>
<td>Yes</td>
<td>11 (24%)</td>
<td>10 (22%)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>34 (76%)</td>
<td>35 (78%)</td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Comparison between Hope Level before and after the Study in the both group

<table>
<thead>
<tr>
<th>Variable</th>
<th>Experimental Group</th>
<th>Control Group</th>
<th>Test Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hope</td>
<td>Before Spiritual Counseling</td>
<td>After Spiritual Counseling</td>
<td>Test Result</td>
</tr>
<tr>
<td></td>
<td>28.48±3.2</td>
<td>33.36±5.9</td>
<td>P&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>29.27±3.12</td>
<td>29.59±2.67</td>
<td>P&lt;0.085</td>
</tr>
</tbody>
</table>

Table 3. Comparison Hope Levels after the Study in the both Groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>Experimental Group</th>
<th>Test Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hope</td>
<td>33.36±5.98</td>
<td>P=0.0001</td>
</tr>
</tbody>
</table>

Discussion

The results of the present study showed that spiritual counseling would greatly enhance hope in hemodialysis patients. These results are in line with those found by Theris et al (2001) and Shahni Yeylagh et al (2010) [31 & 32]. Various studies have shown that spiritual counseling or medication can increase mental health in patients. For instance, in their studies Aghaali et al (2009) on investigating group cognitive-behavioral counseling with emphasis on spiritual ideas in MS patients, Yaghubi et al (2011) on investigating the effectiveness of the cognitive-behavioral therapy and spiritual-religious psychotherapy based on Islamic lessons, Rahmati et al (2010) on investigating the effect of group spiritual-religious therapy in schizophrenic patients reported that spirituality can improve mental health [33-35]. Moreover, spiritual counseling, spirituality and its components are effective in reducing mental and physical problems of the patients. In their study of investigating complementary remedies in cancer patients, Richardson et al (2000) have stated that spirituality and religion are the most useful medications to reduce anxiety and enhancing calmness compared to other complementary remedies [36]. Asayesh et al (2007) in their study of prayer as a spiritual approach in psychological interventions showed that prayers as a voluntary spiritual behavior to communicate with God are effective in preventing and improving mental health threatening issues like anxiety and depression [37]. In their investigation on the relation between religion, anxiety, and peace among youths, Ellison et al (2009) reported that belief in after death life and attention to prayers caused anxiety to reduce and peace to increase in individuals [38]. Paukert et al (2010) studied cognitive-behavioral and spiritual treatment and reported that this treatment approach can improve coping skills in mental health [20]. It seems that one of the effective factors that influences spiritual counseling and spirituality to increase and improve hope in patients, decrease their physical and mental problems.

According to the great effect of spiritual counseling in patients’ mental and spiritual health and the importance of mental care in nursery, it is recommended that students and nurses are provided with courses in order to familiarize them with concepts and components of spiritual care. Moreover, it is suggested that in the future studies, the effect of intervention in different periods of time to be
considered. Other studies can clarify important and different fields about how this intervention affects and specify facilitators and obstacles in clinics for patients suffering from other chronic diseases. In addition, it is advised that the effect of spiritual counseling on the patients’ hope in specific age groups like elderly people to be measured. The patients’ mental state while answering the questionnaire can be one of the limitations of the study.

Conclusion
The results of the present study show that spiritual counseling can have a positive effect of hemodialysis patients’ hope. Therefore, because hemodialysis patients have different problems and despair can affect their life quality, they will be helped continue their treatment and recover, and spiritual counseling is economical and can affect the patients’ physical, spiritual and mental aspects, it is highly recommended that this type of counseling to be implemented in care plans and authorities, managers, and scholars pay more attention to it. It is hoped that by providing this important human dimension and extensive care, patients’ recovery and comfort hastens and increases.

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